

## Consent for Services

I, \_\_\_\_\_ wish to receive services the following services:  
Name of client

provided by: \_\_\_\_\_  
Name of Agency

I understand that my identity and my receipt of services are confidential. I understand that no information or records associated with my case will be knowingly released to anyone outside the above named agency without my informed written consent, or a subpoena, court order or legal statute.

I am giving this consent of my own free will. This consent will remain in effect until such time as I provide in writing, a statement revoking my consent.

I fully release and hold Harris County Public Health & Environmental Services, Ryan White Grant Administration, \_\_\_\_\_ their officers, Directors,  
Name of Agency

Board Members, employees, and agents (i.e.: volunteers, students) harmless from any and all damages, losses, liabilities (joint or several), payments, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, proceedings, costs, disbursements or expenses (including without limitation, fees, disbursements and expenses of attorneys, and other professional advisors and of expert witnesses and costs of investigation and preparation) of any kind or nature whatsoever resulting from, relating to or arising out of my receipt of services.

**I was given a copy of my Client Rights and Responsibilities and a copy of the Grievance Policy and Procedures provided by Harris County Public Health & Environmental Services, Ryan White Grant Administration; I was offered an opportunity to discuss them in a language and format I understand; and I agree to abide by them.**

CLIENT SIGNATURE OR MARK (IF OF LEGAL AGE AND LEGALLY COMPETENT)	DATE
PARENT/GUARDIAN/POWER OF ATTORNEY (WITH COPY OF AUTHORITY ATTACHED)	DATE
WITNESS	DATE